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REQUEST FOR TEMPORARY PRACTICE PERMIT

Read All Directions on the Reverse Side Prior to Completing this Application.

1 0 11							
1. Type of Application (Mark one box only)							
License	Cei	rtified Residential		Certified General			
Residential 1-4 units up to a transaction value of \$250,000 complex or \$1,000,000 non-complex	Any residential, locomplexity or tra	1-4 units, without regard nsaction value.		Any transaction without regard to type, complexity or value			
2. Name to Appear on Permit							
Last	First		Middle	e			
3. Business Name and Address of Record (Do not list a P.O. Box, Rural Route or Star Route)							
Name Number, Street and Suite Number							
City		County State		Zip Code			
4. Mailing Address							
Number, Street and Suite Number							
City		unty	State	Zip Co	ode		
5. Physical Home Address (Do <u>not</u> list a P.O. Box, Rural Route or Star Route)							
Number, Street and Suite Number							
City	Cou	inty	State	Zip Co	ode		
6. State Currently Licensed	7. Expiration Date	Expiration Date 8. Business Te		9. Home	Telephone Number		
				()			
10. Social Security Number	11.	Driver's License N	nse Number 12. I		Date of Birth		
13. Current or Expired California Real Estate Appraiser License							
None Yes License Number							
I, (name), declare under penalty of perjury that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any license and may subject me to criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years.							
Executed this day of	day of at			(city or county)			
(state).							
Signature: Name (please print):							
MUST BE SIGNED BEFORE AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA							
	F	FOR OREA USE ONI	Y				
Lic. Type: Con to Serv: Let E Sig: Let G Stnd:	ing: Commer	nts:	Pe	ermit Issued By:	Date:		

READ THE FOLLOWING INFORMATION PRIOR TO COMPLETING THIS FORM

- Do <u>not</u> write in the shaded areas.
- Type or write clearly in blue or black ink.
- Applications must be legible and contain an original signature.
- Submit a separate application for each permit requested.
- Submit an \$80 fee for each permit requested. In addition a \$10 child support review fee is required for each application.
- All fees must be paid by pre-printed personal check, company check, cashier's check, certified check, money order or government purchase order.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- Out-of-state addresses require a completed and notarized Consent to Service of Process (REA 3006).

- Submit a certified letter of license history from the issuing state or territory which is not more than 30 days old.
- Submit a copy of the letter of engagement, contract or other document provided to you by the institution or individual as evidence of the work to be performed. If the assignment was entirely verbal, describe in writing the appraisal assignment to be performed.
- Sign and date this form prior to submittal.
- If you have any questions, please write to the address listed below or call (916) 263-0722.
- Mail completed application, all fees and required documents to:

OFFICE OF REAL ESTATE APPRAISERS 1755 Creekside Oaks Drive, Suite 190 Sacramento, CA 95833

INSTRUCTIONS

- **1. TYPE OF APPLICATION--**Mark the box for the permit you wish issued. Your license from the issuing state or territiory must equal or exceed the level for which you are applying.
- **2. NAME TO APPEAR ON PERMIT--**Your name as you wish it to appear on the permit.
- **3. BUSINESS ADDRESS OF RECORD--**The name of your business or employer name. The physical business address of record. Do <u>not</u> list a P.O. Box, Rural Route or Star Route. Information required is public record.
- **4. MAILING NAME AND ADDRESS OF RECORD-**Your mailing address if different than the business address. Information required is public record.
- **5. PHYSICAL HOME ADDRESS--**The physical location of your home address. Do <u>not</u> list a P.O. Box, Rural Route or Star Route.
- **6. STATE CURRENTLY LICENSED--**The state or states in which you currently hold a real estate appraisal license.

- **7. EXPIRATION DATE--**The expiration date of your current license.
- **8. BUSINESS TELEPHONE NUMBER--**Your business telephone number. Information required is public record.
- **9. HOME TELEPHONE NUMBER--**Your home telephone number.
- **10. SOCIAL SECURITY NUMBER--**Your social security number is mandatory. OREA cannot issue licenses with out a social security number issued by the U.S. Social Security Administration (Business and Professions Code 11340).
- **11. DRIVER'S LICENSE NUMBER--**Your driver's license number and the state of issuance.
- 12. DATE OF BIRTH--Your date of birth.
- **13. PREVIOUS CALIFORNIA APPRAISER LICENSE** Indicate if you have ever held a California Appraiser License. If the answer is "yes", list the license number.